

General Information: A
the employing agency. F
death.

be furnished to all claimants by
sed was employed at time of

<p>1. Name(s) and social security number(s) of claimant(s)</p> <p>Jerome Johnson</p> <p>EIN: 12-3456789</p>	<p>2. Relationship to deceased</p> <p>Executor</p> <p>Estate of John J Smith</p>	<p>3. If minor, state age</p> <p>N/A</p> <p>4. Is designation of beneficiary for unpaid compensation on file with service?</p> <p>Yes</p> <p>(Yes or No)</p> <p>5. Are you named beneficiary?</p> <p>Yes</p> <p>(Yes or No)</p>
<p>6. Claimant(s) State of Legal Residence</p> <p>Ohio</p>	<p>7. Name, rank or rating, service number, and social security number of decedent</p> <p>MSGT John J. Smith USMC</p> <p>987-65-4321</p>	<p>8. Date of Death</p> <p>6/30/2010</p> <p>9. Name of Service</p> <p>USMC</p> <p>10. Decedent's domicile</p> <p>New York</p>

Part B (To be completed by the widow or widower of the deceased only.) Do you certify that you were married to the decedent and to the best of your knowledge and belief that the marriage was not dissolved prior to his/her death? N/A

Part C

1. List below the name, social security number, age, relationship, and address of:
 - (a) Widow or widower.
 - (b) If no widow or widower survives, list each living child of the deceased (include natural, adopted, illegitimate, and stepchildren and indicate after their names which class) or the descendants of deceased children.
 - (c) If no widow or widower, child or descendant of deceased children survives, list each surviving parent and state whether natural, step, foster, or adoptive parent.
 - (d) If none of the above survives, list the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers and sisters).

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(This form has been authorized for local reproduction.)

Part D

1. If none of the above survives and an executor or administrator has been appointed, the following statement should be completed:

I/we have been duly appointed Jerome Johnson of the estate of the deceased, as evidenced by
(Executor or administrator)
 certificate of appointment herewith, administration having been taken out in the interest of

Jerome Johnson 24 Rock Canyon Blvd. Dover, OH 55555

(Name, address, and relationship of interested relative or creditor)

and such appointment is still in full force and effect.

NOTE: -- If making claim as the executor or administrator of the estate of the deceased, no witnesses are required, but a court certificate evidencing your appointment must be submitted.

2. If no administrator or executor has been appointed, will one be appointed? N/A
(Yes or No)

**DESIGNATED BENEFICIARY, SURVIVING SPOUSE, CHILDREN, PARENTS, OR LEGAL REPRESENTATIVES DO NOT
 FILL IN PART E. ALL OTHER MUST.**

Part E

Have the funeral expenses been paid? Yes (If paid, receipted bill of the undertaker must be attached hereto.)
(Yes or No)

Whose money was used to pay the funeral expenses? Decedent's

**FINES, PENALTIES, and FORFEITURES are imposed by law for the making of false or fraudulent
 claims against the United States or the making of false statements in connection therewith.**


(Signature of claimant)

6/30/10

(Date)

(Signature of claimant)

(Date)

24 Rock Canyon Blvd

(Street address)

(Street address)

Dover, OH 55555

Phone (555) 555-5555

(City, State, and ZIP code)

(City, State, and ZIP code)

TWO WITNESSES ARE REQUIRED

We certify that we are well acquainted with the above _____ and that
(Name(s) of claimant(s))
 the signature(s) of the claimant(s) was (were) affixed in our presence.

(Signature of witness)

(Signature of witness)

(Street address)

(Street address)

(City, State, and ZIP code)

(City, State, and ZIP code)